

EXPRESS MAIL NO. EL645043268US

PTO/SB/D1 (03-01)

Approved for use through 10/31/2002. OMB 0551-0002

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	161022.90031
	First Named Inventor	Brian Bischoff
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the invention entitled:

ADAPTER FOR COUPLING A SENSOR TO A FLUID LINE

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

[Page 1 of 3]

Surge Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

20042314 040502

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Brian			Bischoff		
Inventor's Signature <i>Brian J. Bischoff</i>				Date 1/3/2002	
Residence: City		State		Country	
Red Wing		MN		USA	
Mailing Address					
1694 Red Fox Drive					
Mailing Address					
City		State		Country	
Red Wing		MN		USA	
ZIP		55066			
NAME OF SECOND INVENTOR:					
				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Robert			Gooch		
Inventor's Signature				Date	
Residence: City		State		Country	
Orem		UT		USA	
Mailing Address					
751 W 550 South					
Mailing Address					
City		State		Country	
Orem		UT		USA	
ZIP		84058			
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OM 0631-0082

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NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

Brian

Family Name

Bischoff

(First and middle (if any))

or Surname

Inventor's

Signature

Date

Residence: City

Red Wing

State

MN

Country

USA

Citizenship

USA

Mailing Address

1694 Red Fox Drive

Mailing Address

City

Red Wing

State

MN

ZIP

55066

Country

USA

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

Robert

Family Name

Gooch

(First and middle (if any))

or Surname

Inventor's

Signature

Robert E. Gooch

Date

1-4-02

Residence: City

Oram

State

UT

Country

USA

Citizenship

USA

Mailing Address

751 W 550 South

Mailing Address

City

Oram

State

UT

ZIP

84058

Country

USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

200422741 010502

EXPRESS MAIL NO. EL645043268US

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PTO/SB-81 (02-07)

Approved for use through 10/31/2002 OMB 0651-0032

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Brian Bischoff
Title	Adapter for Coupling...
Group Art Unit	
Examiner Name	
Attorney Docket Number	161022.90031

I hereby appoint

☒ Practitioners at Customer Number 26707

OR

☐ Practitioner(s) named below:

Name	Registration Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB196).

SIGNATURE of Applicant or Assignee of Record

Name

Brian Bischoff

Signature

Brian Bischoff

Date

1/31/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEE OR COMMITTED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Name of Inventor	Brian Bischoff
Title	Adapter for Coupling...
Group Art Unit	
Examiner Name	
Attorney Docket Number	161022.90031

I hereby appoint:

☒ Practitioners at Customer Number 26707

OR

☐ Practitioner(s) named below:

Place Customer Bar Code Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert Gooch
Signature	<i>Robert E. Gooch</i>
Date	1-4-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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